

2014-2015 BIH Data Quality Reminder 4.0
Released 10/27/14

This is the 4th in a series of Data Quality Reminders that will be coming out throughout the fiscal year.

INDIVIDUAL CLIENT PLAN (ICP)

The ICP should be started after completion of Prenatal Assessment 1 and updated as the client makes progress on her goal. Questions on what is considered “complete” arose during the FY 13-14 Annual Report follow-up calls.

Currently, the only data entered into the MCAH-BIH-MIS from the ICP are the date of initiation, last updated, and date of completion. These data are entered in the Forms Status section of the MIS below.

Here are two examples of how the ICP should look at different time points: Initiation and Completion

- 1) **Initiation:** During the initial meeting with the client the following areas of the ICP should be completed:
 - a. Page 1- Client identified strengths, FHA identified strengths, Prioritized list of concerns (at least 3)
 - b. Page 2- Concerns Worksheet
 - c. Page 3, 4, 5- Identify and record at least 1 goal related for each of the 3 concerns, and enter initial update/plan of action step.

Once the above requirements are completed, enter the “Date Initiated” in the MCAH-BIH-MIS under the Forms Status section for the ICP.

Here’s how the form should look and entry of the initiation date into the MIS:

FORM

<p>Individual Client Plan (ICP)</p> <p>For the FHA to fill out:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Client Name:</td><td>Sasha Pierce</td></tr> <tr><td>BIH ID #:</td><td>1234567</td></tr> <tr><td>Local ID #:</td><td>87654321</td></tr> <tr><td>FHA Name:</td><td>K. Lewis</td></tr> <tr><td>Date (MM/DD/YY):</td><td>10/28/2013</td></tr> </table> <p><small>n the box below list the client’s strengths—include those she identified during Assessment 1 and any additional strengths you have identified. (Refer to p.12, in Facilitator’s Handbook for sessions 1-10 if needed.)</small></p> <p>Client-identified strengths:</p> <ul style="list-style-type: none"> • Support of mom • Learn easily • Like to read <p>FHA-identified strengths:</p> <ul style="list-style-type: none"> • Resourceful • Completed high school • Has stable housing 	Client Name:	Sasha Pierce	BIH ID #:	1234567	Local ID #:	87654321	FHA Name:	K. Lewis	Date (MM/DD/YY):	10/28/2013	<p><small>Based on the ICP worksheet (p2), help the client choose the TOP THREE highest-priority concerns she would like to address during her time in BIH. Add another concern to this list whenever the client successfully resolves one of her original priority concerns.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">PRIORITIZED LIST OF CONCERNS</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1. Date: 10/28/2013 Go back to college</td> <td style="padding: 5px;">Date resolved: / /</td> </tr> <tr> <td style="padding: 5px;">2. Date: 10/28/2013 Learn about breastfeeding</td> <td style="padding: 5px;">Date resolved: / /</td> </tr> <tr> <td style="padding: 5px;">3. Date: 10/28/2013 Prenatal care</td> <td style="padding: 5px;">Date resolved: / /</td> </tr> <tr> <td style="padding: 5px;">4. Date: / /</td> <td style="padding: 5px;">Date resolved: / /</td> </tr> <tr> <td style="padding: 5px;">5. Date: / /</td> <td style="padding: 5px;">Date resolved: / /</td> </tr> <tr> <td style="padding: 5px;">6. Date: / /</td> <td style="padding: 5px;">Date resolved: / /</td> </tr> </tbody> </table>	PRIORITIZED LIST OF CONCERNS		1. Date: 10/28/2013 Go back to college	Date resolved: / /	2. Date: 10/28/2013 Learn about breastfeeding	Date resolved: / /	3. Date: 10/28/2013 Prenatal care	Date resolved: / /	4. Date: / /	Date resolved: / /	5. Date: / /	Date resolved: / /	6. Date: / /	Date resolved: / /
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ICP Concerns Worksheet

Client Name: Sasha Fierce
 Date: 10/28/2013

Working with the client, please check boxes for all concerns that apply:

HEALTH
 Diabetes
 Hypertension
 Asthma
 Obesity
 Heart problems
 Frequent urinary tract infections
 Sexually transmitted infections
 Other: _____

HEALTH CARE
 Inadequate/ no health insurance
 Problem accessing Medi-Cal
 Not receiving prenatal care
 Not receiving postpartum care
 Not receiving oral health care
 Baby not getting well-baby checkups
 Baby not getting immunizations
 Dislikes how treated by provider
 Other: _____

MENTAL HEALTH
 Mental problems
 Depression
 History of abuse: physical, sexual, psychological
 Not comfortable with parenting role
 Unresolved psychiatric conditions
 Other: _____

EMPLOYMENT AND FINANCIAL
 Unemployed
 Limited finances
 Problems with AFDC/Medi-Cal/Welfare
 No child care
 Other: _____

EDUCATIONAL
 Not a high-school graduate
 Special learning problems
 Illiterate
 Poor school attendance
 Poor academic performance
 Not in school
 No clear goals for the future
 Other: want to complete college

LIVING CONDITION
 Moves frequently
 Client doesn't feel safe/not safe for baby
 Living with others/lacks own housing
 Children removed from home
 Children living with other family member(s) or friend
 Homeless
 Emergency shelter
 Overcrowded living conditions
 Poor housing conditions
 Neighborhood concerns
 Community violence
 Other: _____

SUPPORT SYSTEM
 Unstable relationship with father of baby
 Unstable relationship with other family members
 Limited or no emotional support
 High level conflict in support systems
 Partner abuse
 Family violence
 Child abuse
 Other: _____

NUTRITION
 Inadequate/non-nutritional food
 Lacks access to nutritional food
 Not taking prenatal vitamin
 Inadequate facilities/equipment for food storage/prep
 Problems following special diet
 Food/beverage intolerance
 Lack of breastfeeding knowledge
 Feeding method undecided
 Lack of knowledge of perinatal dietary needs
 Weight gain problem/weight loss
 Excessive amounts of caffeinated/ sugary beverages
 Other: _____

SUBSTANCE ABUSE
 Smoker
 Alcohol abuse
 Drug use
 Improper use OTC/prescription drugs
 Other: _____

LEGAL
 Specify: _____

TRANSPORTATION
 Specify: NO CAR

OTHER
 Specify: _____

Client name: Sasha Fierce
 Concern #1: Not receiving prenatal care
 Goal: Obtain a new prenatal care provider

Date	Visit Type (circle)	Update and Plan of Action Briefly describe client's progress since last meeting and plans for next steps in addressing this concern (e.g., recommended resources and/or referrals to services, specific tasks to be completed by client and/or FHA, target dates for completion). Please note any specific health education materials shared with client during the encounter.	Disposition (circle)
10/28/13	1. Office visit 2. Phone call 3. Group session 4. Home visit	Referred participant to clinic that works closely with BIH and has African-American providers. Follow-up with phone call next week.	1. Ongoing 2. Resolved 3. Worsened
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The screenshot shows a 'Form Status' window with a 'Case:' dropdown menu. Below it is a table with three columns: 'Date Initiated', 'Date Last Updated', and 'Date Completed'. The rows represent different form sections: 'Rights, Responsibilities, and Consent', 'Individual Client Plan', 'Birth Plan', 'Safety Checklist', and 'Life Plan'. Each cell contains a date selection widget. A red arrow points to the 'Date Initiated' field for 'Rights, Responsibilities, and Consent', which currently shows 'Select a date' and a calendar icon. The 'Date Completed' field for the same row shows '10/28/2013'. At the bottom, a note states: 'Fields marked with an asterisk (*) are required.'

	Date Initiated	Date Last Updated	Date Completed
Rights, Responsibilities, and Consent:	Select a date 15	Select a date 15	10/28/2013 15
Individual Client Plan:	10/28/2013 15	Select a date 15	Select a date 15
Birth Plan:	Select a date 15	Select a date 15	Select a date 15
Safety Checklist:	Select a date 15	Select a date 15	Select a date 15
Life Plan:	Select a date 15	Select a date 15	Select a date 15

Fields marked with an asterisk () are required.*

- 2) **Completion:** As the client progresses throughout the intervention the ICP should be updated via progress made on the goals identified at initiation.

In order for the ICP to be considered "Complete" there should be a status of "Resolved" for each of the goals.

Here's how the form should look once completed and subsequent entry of the date of completion into the MIS:

FORM

Client name: Sasha Fierce
 Concern #1: Not receiving prenatal care
 Goal: Obtain a new prenatal care provider

Date	Visit Type (circle)	Update and Plan of Action Briefly describe client's progress since last meeting and plans for next steps in addressing this concern (e.g., recommended resources and/or referrals to services, specific tasks to be completed by client and/or PHA, target dates for completion). Please note any specific health education materials shared with client during the encounter.	Disposition (circle)
10/28/13	Office visit 2. Phone call 3. Group session 4. Home visit	Referred participant to clinic that works closely with BIH and has African-American providers. Follow-up with phone call next week.	1. Ongoing 2. Resolved 3. Worsened
11/4/13	1. Office visit 2. Phone call 3. Group session 4. Home visit	Spoke with participant about referral to clinic. She says she made an appointment for 11/27/13. Follow-up after appointment.	1. Ongoing 2. Resolved 3. Worsened
12/2/13	1. Office visit 2. Phone call 3. Group session 4. Home visit	Checked-in with participant before group session. She is very pleased with new medical provider. Next prenatal appointment scheduled for 12/22/13.	1. Ongoing 2. Resolved 3. Worsened
	1. Office visit 2. Phone call 3. Group session 4. Home visit		1. Ongoing 2. Resolved 3. Worsened
	1. Office visit 2. Phone call 3. Group session 4. Home visit		1. Ongoing 2. Resolved 3. Worsened

MIS

Form Status

Case:

	Date Initiated	Date Last Updated	Date Completed
Rights, Responsibilities, and Consent:	Select a date <input type="text" value="15"/>	Select a date <input type="text" value="15"/>	10/28/2013 <input type="text" value="15"/>
Individual Client Plan:	10/28/2013 <input type="text" value="15"/>	12/2/2013 <input type="text" value="15"/>	12/2/2013 <input type="text" value="15"/>